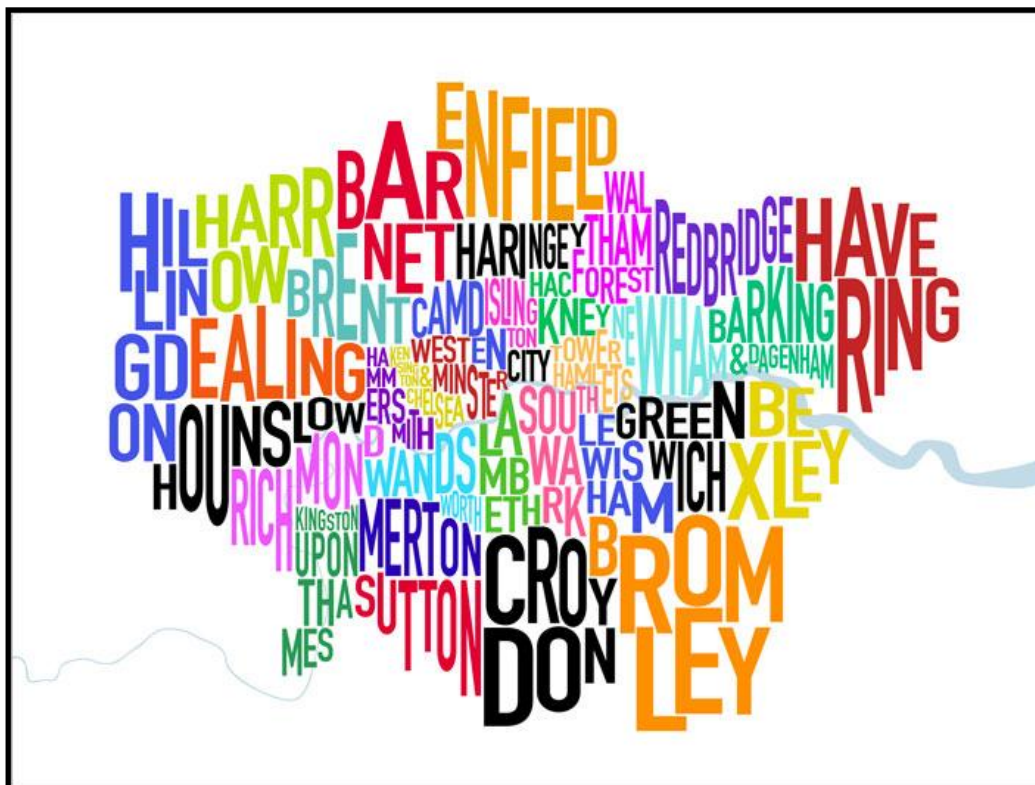


London MASH Project

TOOL KIT

V9

RISK ASSESSMENT & RESEARCH





INTRODUCTION

The MASH TOOLKIT is intended to be a living document to assist and inform best practice within and across our Multi Agency Safeguarding Hubs.

MASH addresses the serious and sustained deficiencies in the way organisations and individuals use information to protect and safeguard vulnerable people. Since the 1940s there have been numerous; public inquiries, inquests and serious case reviews that have identified; poor communication, weak professional practice and poor coordination that has undermined effective interventions which could have prevented serious harm or saved lives. MASH is not in itself the panacea. But the MASH process if followed diligently will provide a much better opportunity to get things right more often than the adhoc arrangements it replaces.

MASH enables the; proportionate, necessary and lawful disclosure of information at the earliest opportunity. A fuller picture of vulnerability and risk is produced within agreed timescales allowing the partnership to identify the nature of the service required and which agency or professional is best to progress any intervention. In essence MASH is a simple concept and the benefits are principally in three areas;

- Informed risk based decisions for safeguarding vulnerable people
- Identification of harm to vulnerable people
- Enhanced strategic partnership assessment and problem solving

MASH requires a highly professional approach from its staff. The process uses legislation and common law as the basis on which to disclose information. Value is added by bringing it together in a secure confidential environment for vulnerability and risk triggers to be identified and evaluated using; experience, skill and professional judgement.

It is vital that the nature of the 'intelligence' within our records is understood. In this context agencies such as police should no longer do, "checks", but rather '**complete research**'. This approach adds value to MASH. Collocation of agencies builds trust and confidence and also speeds up the process. But the real MASH benefit is to provide a fuller, more informative intelligence product with a risk assessment supported by a clearly recorded rationale for operational use at the earliest stage. The objective is; 'early intervention' to prevent the escalation of harm, risk and crime.

This Toolkit has been compiled by the Metropolitan Police MASH Project Team with the objective of providing guidance and instruction to our colleagues so that all MASHs benefit from a consistent and highly effective intelligence product that will in turn reduce serious harm to those we serve.

Richard Henson
Detective Superintendent

October 2013

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MASH context

The inability of safeguarding partners to effectively share information has been the comment of numerous Serious Case Reviews and public inquiries. The MPS and other London based agencies have been found wanting in many of these reports, not least in Victoria Climbié and Peter Connolly. The criticism is not just confined to child protection; anti-social behaviour, domestic violence, missing persons and vulnerable adults are all areas that have been subjected to justifiable criticism and a public demand for improvements to be made.

Existing provisions can share information well, when the risk has been recognised. However, harm and risk only tend to be recognised when it is obvious within silo style working and at that stage information is shared. Harm is often hidden, with many vulnerable people living in complex familial and societal relationships. It is not until the full picture of that person is known that the harm, or potential harm, can be identified. It is the failure of agencies to build this full picture, despite being in possession of the composite parts that is often at the root of the failure of agencies to intervene effectively, and becomes the focus of criticism following preventable tragic events. The Munro Review of Child Protection recognised this complexity and the necessity for co-located, multi-agency teams to build this picture.

The Graham Allen report (2011) identified that early intervention is effective with well targeted investment at an early stage saving significant future costs to society (and agencies). It recommended that Community Safety Partnerships should be focused on prevention and early intervention. However, failure or inability to effectively identify vulnerability and harm mean that such opportunities can be limited. Identification of vulnerability in silo working arrangements is evidenced in disjointed and duplicated police, social work, health, probation and voluntary sector investment and activity with families.

Multi Agency Safeguarding Hubs co-locate safeguarding agencies and their data into a secure assessment, research and decision making unit that is inclusive of all notifications relating to safeguarding and child welfare in a Local Authority area. This will be extended to include vulnerable adults once the process is consolidated, adding additional value and providing a hub for activity around families. By MASH providing a fire walled environment each partner agency can be assured of the confidentiality of the process and any resultant dissemination of partner agency information in a

safeguarding intervention (particularly important for police and health) being proportionate. The model also allows for processes regarding missing people, domestic abuse, child exploitation and others to be included, with associated benefits and savings.

Child Risk Assessment Model (CRAM)

CRAM has six core elements:

Intelligence

Risk Factors

Risk Assessment

Supervision

Records

Communication

CRAM uses intelligence as the basis for decision-making within the service delivery for child protection and child abuse Investigation; Referral, Investigation & Protection. Intelligence research is conducted in line with best practice on information including that from partner agencies and the referrer in relation to the case and then brought for supervision and decision. Specific risk factors pertaining to: the child, the suspect, the household (Victim, Offender, Location) are noted against established high risk situations .e.g. 'repeat victim' or the presence of domestic violence in the household. The relevance of each is considered to inform decisions and control measures to reduce the recognised risks as recorded.

Control measures on dealing with the risk identified are essential within our methodology. The question, **'What is the risk to the child now?'** must be frequently considered. The acronym RARA (Remove, Avoid, Reduce, and Accept) in relation to risk management is often used as a basis for the control measures.

Supervision is recorded chronologically and is in dialogue format rather than tick box.

The risk factors that must be considered within Intelligence research have been extrapolated from serious case reviews, public inquiries Inquests and other learning. The risk assessment is not a hierarchical process such as high, medium, low but requires dialogue explanation of the type of risk present and most essentially what steps if any need to be taken to control and reduce the identified risk.

CRAM requires a proactive approach to the use of information and a higher supervisory input than the processes it has evolved from. Its benefits are that it applies a unified model across core business.



CRAM risk assessment is efficient as once an assessment is completed it is available for use if the subject(s) return to notice. This will also allow the identification of changes to risk and vulnerability and whether earlier interventions have achieved desired effects.

POLICE JOB DESCRIPTIONS

POLICE MASH DECISION MAKER (Sergeant DS/PS)

Key Responsibilities

To act as police MASH decision maker (PDM)

- Lead the police team within the MASH
- Work as part of a colocated team of professionals to deliver an integrated service with the aim to research, interpret and determine what is proportionate and relevant to share
- Convene regular team meetings
- Performance management

Operational Effectiveness

Merlin Responsibilities

- Ensure that all new notifications are checked with the Local Authority Children's Services database to ascertain if they are 'open cases'
- Ensure that all new notifications are reviewed and assigned a 'Priority Status' for research
- Ensure that when a child is found to be open/allocated to another Children's Services that the Merlin report is transferred to the MASH/PPD covering that Local Authority area
- Ensure that All reports that should be dealt with by other MPS units are transferred without delay to those units (SC&O5 and YOT)

- Ensure that missing children reports are shared with Children's Services and those that relate to looked after children are shared with both the local children's services and those who have the safeguarding responsibility for that child
- Ensure that reports where the subject is an 'allocated case to Children's Services are shared via the secure e-mail without research being completed
- Ensure all remaining Merlin reports are risk assessed on circumstances of incident and level of risk is shown using the London Continuum of Need criteria for prioritisation of work
- Ensure that a where a crime is identified within the Merlin that either a CRIS report exists for the incident or create a CRIS report (including those for CSE)
- Ensure that Form 87M is fully completed
- Show visible supervision on Merlin report and show rational for assessed level (BRAG)
- E-mail reports that reach Levels; 2 (Green), 3(Amber) or 4(Red) to Children's Services and ensure that Level 1(Blue) reports are completed and 'Put Away'

Incoming MASH enquiries

- Receive requests via secure e-mail
- Ensure that request falls within the remit of the police team within MASH
- Identify allegations of crime. If a crime is apparent check whether a CRIS report has been completed, if not ensure that a CRIS report is completed.
- Check the risk level and ensure that research is completed within the timescales set
- Ensure that Form 87M is completed to a good standard
- Supervise the Form 87M
- Ensure that sensitive information is clearly identified and managed
- Ensure Form 87M is sent to Children's services via secure e-mail
- Ensure that information sharing Crimint's are completed (on a daily or weekly basis)

Generic Responsibilities

- Ensure that all staff have had suitable training in the MASH toolkit
- Ensure that there are suitable staff trained in PND and Visor
- Dip sample officers research to ensure that it is accurate and relevant
- Report to Detective Inspector and identify issues of resourcing and resilience
- Complete all tasks and requirements as required by line management

POLICE MASH DEPUTY DECISION MAKER (DC/PC)

Key Responsibilities

- To act as decision maker when the Sergeant is absent
- Work as part of a collocated team of professionals from safeguarding agencies to deliver an integrated service with the aim to research, interpret and determine what is proportionate and relevant to share

Merlin Responsibilities

- Create CRIS report when previously unreported crime has been identified within Merlin report
- Quality assure Merlin reports and provide feedback and advice to officers where the report does not reach the required standard
- Check for compliance between Merlin and other police indices to ensure that a Merlin report has been created when required.
- Assist researchers carrying out research on Merlin reports and completing the Form 87M using the CRAM risk assessment and control measure methodology

Incoming MASH enquiry

- To carry sergeants duties with regards to incoming requests when the sergeant is absent.
- Create CRIS report if a crime is alleged or apparent, if one has not already been created.
- Create Information sharing reports on MPS CRIMINT system as required on either a daily or weekly basis

POLICE MASH RESEARCHER

Key Responsibility

- Work within MASH as part of a colocated team of professionals from safeguarding agencies to deliver an integrated service with the aim to research, interpret and determine what is proportionate and relevant to share

MERLIN

- Carry out research on Merlin entries in order of priority as directed by the police supervisor.
- Carry out research using IIP and show structured research on Merlin reports
- Bring to the attention of a supervisor any information that comes to light that may either heighten or lower the risk during research
- Complete CRAM risk assessments
- Complete Form 87M using research and CRAM risk factors identifying any potentially sensitive information
- Provide initial analysis of the risk areas identified during research
- Complete CRIMINT entries as required

Incoming MASH enquiries

- Monitor the police secure e-mail address and bring any new requests to the attention of the police supervisor
- Carry out research as directed by supervisor
- Complete 87M and clearly identifying any sensitive information
- Complete CRIMINT entries as required

Staffing numbers will vary according to the case load volume.



ICT: Assets & Databases.

Staff should have access to IIP, PND, CRIS, MERLIN, CrimInt-Plus, PNC on aware, CAD Browse, (VISOR), Secure Email, BOCU PPD Inbox, LA IT system.

What is PND?

PND is the Police National Database; it gives access to a confidential data sharing warehouse that contains local force records from all UK Law enforcement agencies within intelligence, crime, custody, child abuse and domestic abuse. It provides a single access point for searching across all these main operational systems nationally. It will allow users to search full data records of all UK forces covering persons, objects, locations and events (POLE) from intelligence, crime, custody, child abuse and domestic abuse systems. It will also use associations to link data and will contain flags, markers and alerts. It will allow direct, immediate and electronic access to this data, leading to improved decisions and results.

What is Visor?

ViSOR (Violent and Sex Offender Register) is the national sexual and violent offender computer database. It contains a vast array of information on individuals, including their MO, details of any orders and risk assessments and a photographic library of the offender over time, including distinguishing marks and tattoos. It contains visit reports, information about habits, pets and family details. It is linked to the Police National Computer (PNC) and will be able to perform PNC name searching to access previous convictions. It will be a powerful management tool for professionals involved in supervising offenders, compiling pre-sentence reports and investigating cases of sexual abuse.

THE MASH PROCESS HAS THREE KEY OUTCOMES:

1. Early Identification and understanding of risk - All concerns are routed to the MASH ensuring the fullest partnership information and intelligence picture is available to assess the potential risk to a child. This enables decisions to be made based upon interpretation of the best possible information at a given time, supporting only necessary, proportionate and timely interventions.

2. Victim identification and intervention - A MASH arrangement will provide more accurate understanding of the risk to individuals through the pooling of knowledge and resources from each agency. Concerns from any partner, professional, or member of the public will be evaluated and assessed, giving a fuller picture in each case than the represented agencies could achieve alone.

3. Harm identification and its reduction - Within the MASH there is an analytical capability on two levels. The confidential environment encourages a greater level of information for each case being shared at an earlier stage, enhancing the opportunities to recognise harm to individuals. Once MASH is fully functioning a higher level of analytical capability can be embedded that will allow the safeguarding partnership to identify more complex and wider levels of harm. This work is designed to coordinate safeguarding partners' activity, minimising duplication, and promoting a problem solving approach targeting services to address the root issues underlying the actual harm. This will benefit the partnership by reducing individual agency's immediate and long term commitments as well as the number of separate interventions.

MASH Process

Contacts and notifications will come into the MASH via two primary channels:

1. The police process, via a Merlin notification.
2. The non police process via partner agencies such as CSC

Police Professionals within the MASH will use the following definitions:

Definition of notification

A notification is where concerns around the welfare of a child are communicated to LA by completing a MERLIN PAC.

MERLIN PACs were created by the MPS to comply with the Every Child Matters (ECM) initiative. These are not to be confused with crime reports and investigations but are to be completed by police when we encounter a child in circumstances that cause concern in relation to that child or other members of its family failing to meet one or more of the five key outcomes society wants for all children. These are best described using the SHEEP mnemonic.

S - Stay Safe

H - Healthy

E - Economic Wellbeing

E - Enjoy and Achieve

P - Positive Contribution

Definition of a referral

A referral is when someone believes a child may be suffering, or at risk of suffering, significant harm. It is used to describe a situation where one agency refers concerns for a child to another agency with an expectation that action is required and that the action will be reviewed.

The majority of referrals to police will be passed to investigative units for joint investigation under Sec 47 Children's Act 1989.

LONDON CONTINUUM OF NEED / BRAG

This model was developed in consultation with Local authorities (LAs) and key local, regional and national partners. However, some LAs have more detailed local descriptors and the London Continuum does not provide an exhaustive list of all possible scenarios. Practitioners should always use their professional judgment.

This document acknowledges that children may move from one level of need to another, and that agencies (including universal services) may offer support at more than one level. The various risk levels that will be integrated within the MASH / PPD process is based on this continuum of need.

There are four levels of classification based upon the London Continuum that MASH / PPD staff use when notifying to the LA:

- **OPEN CASES** - Cases that are currently open to the LA CSC will not be subjected to MASH at the initial receipt stage but forwarded securely via agreed local methods so that the lead professional and their manager are aware of the new matter. It is up to them to identify subsequent matters for consideration within MASH. Police will ensure that a CRIS reflects any new allegation of crime.

- **LEVEL 1 - BLUE** - No identified additional needs. (Does not need a LA referral)

- **LEVEL 2 - GREEN** - low risks to vulnerable. Child's needs are not clear, not known or not being met.

- **LEVEL 3 - AMBER** - Complex needs likely to require longer term intervention from statutory and/or specialist services. High level additional unmet needs - this will usually require a targeted integrated response, which will usually include a specialist or statutory service. ***This is also the threshold for a child in need which will require a CSC intervention.***

- **LEVEL 4 - RED** - Acute needs, requiring statutory, intensive support. In particular this includes the threshold for child protection which will require CSC intervention. These cases may also require immediate police intervention as the child has been identified to be at risk of harm.

Definition of MASH Enquiry (Information gathering)

The term MASH enquiry or information gathering is used to describe a situation where one agency refers information to another agency such as the police with an expectation that information will be shared. This will provide an intelligence profile, assist in the decision making process and identify risk and concerns.

THE POLICE PROCESS VIA A MERLIN NOTIFICATION

Receiving a notification stage

- i. Every MERLIN notification must be assessed by police MASH staff as to whether it is part of a criminal investigation and requires an immediate referral to CSC if this has not yet taken place
- ii. When a number of notifications are received at the same time i.e. at the start of the day's business, the police supervisor should immediately and quickly review these to establish a priority for research. This is not BRAG but an initial organisational activity to enhance service.
- iii. Police will research each MERLIN notification using a minimum of IIP. A check of the LA database will be completed to identify if any child within the notification is an open case.
- iv. Research and initial risk assessment should be recorded using Form 87M format (appendix E). This can be copied into the MERLIN PAC.
- v. The PDM reviews the MERLIN PAC and validates the research and risk assessment, applying the London Continuum of Need thresholds. The MERLIN PAC should contain a Pre research BRAG and a Post research Level. The Pre Research BRAG indicates the prioritization of work and can be completed by the researcher or Police officer. However, the research, evaluation of risk and control measures completed as part of the research **MUST** be validated by the Police Decision Maker. Guided by the London Continuum the PDM will assign an appropriate level.
- vi. Cases open to CSC will be forwarded via the local arrangements to the case worker. Cases designated at Level 1 (BLUE) will be completed with a rationale as to why they are not to be passed to the LA manager for MASH.

- vii. Cases considered to be Level 2, 3 or 4 (GREEN, AMBER, RED) should be forwarded to the LA MASH Manager (Decision Maker) who will make the decision in consultation as to whether or not these notifications should be subjected to the full MASH procedure and the level of priority.

This process will provide the MPS WITH an inclusive and evidence based rationale for the management of ECM notifications. It will ensure that the LA have a record of every MERLIN PAC that is risk assessed as Red, Amber or Green and those notifications that are progressed for further consideration by the LA Decision Maker. It reduces the volume of MERLIN PACs that do not have a justifiable reason for further dissemination based upon MPS risk management principles and in the spirit of best practice in decision making as endorsed by Professor Eileen Munro. This allows the partnership to make best use of its finite resources to focus upon situations where there is a safeguarding requirement.

Open cases

*When a MERLIN has been identified as an open case i.e. a Social Worker is allocated to the child. The PAC will be sent to the allocated Social Worker or Social Services Team via the MERLIN Notification process. **No checks will be completed.***

The Social Worker in charge of the case can request checks or research via the agreed process i.e. to SC&O5 through the completion of an 87B form.

BLUE CASES: Level 1 London Continuum of Need

MERLIN PACs not requiring any additional support will be deemed as a BLUE, these PACS does not need Local Authority referral.

These PACs require an IIP search to identify any safeguarding concerns. If these are identified the initial rating must be reconsidered and revised to reflect the identified risks.

If there are no Safeguarding concerns the researcher must rationalise on the MERLIN why the PAC has been rated as a BLUE and does not require Local Authority referral. This will need to be validated or endorsed by the PDM

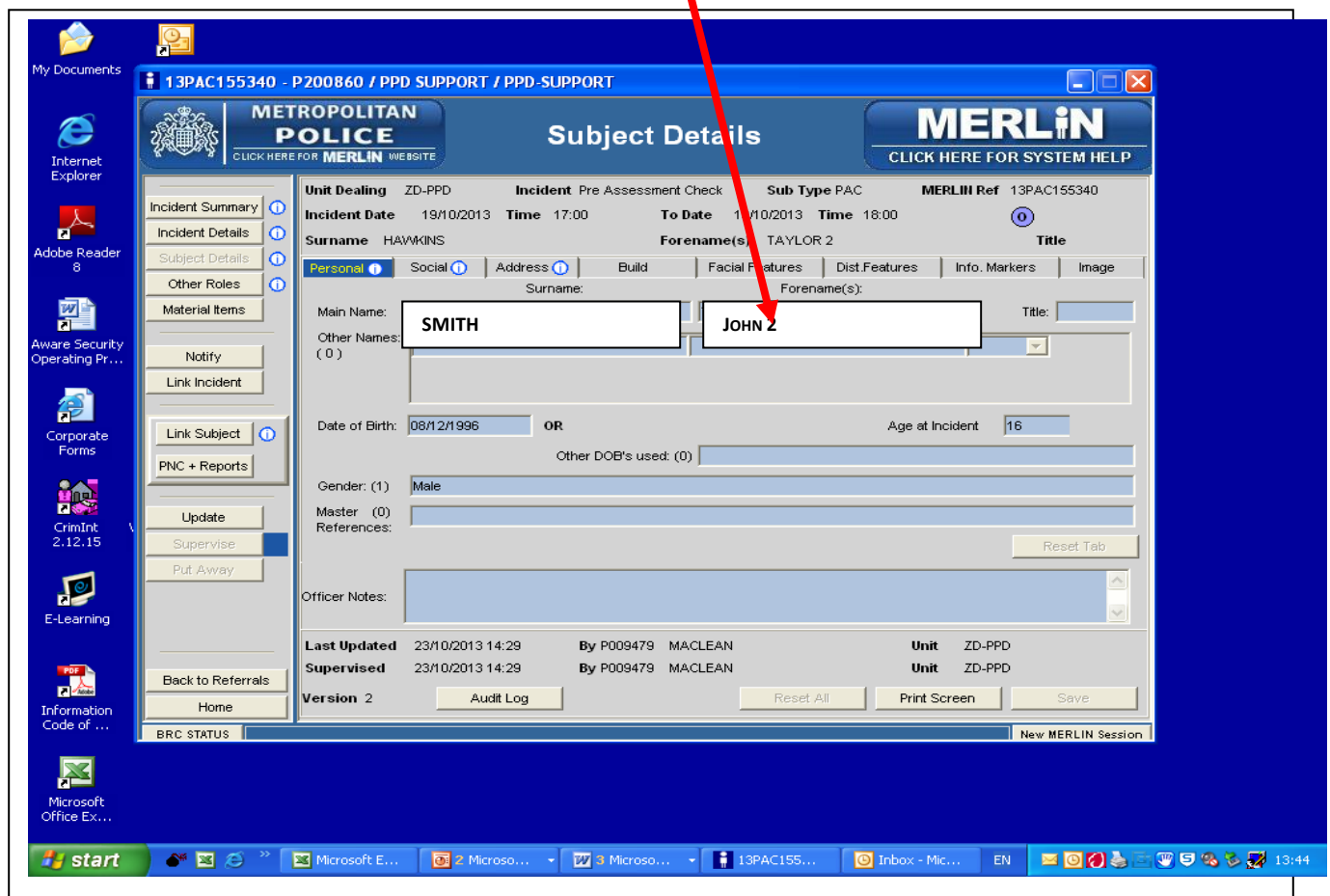
MASH MERLIN Prioritisation

(Open cases will not be subjected to this prioritisation process)

Each Merlin will be prioritised before research by assigning a number corresponding to a level of concern on each report as follows;

BLUE	1
GREEN	2
AMBER	3
RED	4

The appropriate number is added at the end of the forename



The screenshot shows the METROPOLITAN POLICE MERLIN Subject Details interface. The form displays incident information for a case with ID 13PAC155340. The subject's name is SMITH, JOHN 2. A red arrow points to the 'Forename(s)' field, which contains 'JOHN 2', demonstrating the prioritisation process where a number is added to the end of the forename.

Field	Value
Unit Dealing	ZD-PPD
Incident	Pre Assessment Check
Sub Type	PAC
MERLIN Ref	13PAC155340
Incident Date	19/10/2013
Time	17:00
To Date	19/10/2013
Time	18:00
Surname	HAYKINS
Forename(s)	TAYLOR 2
Title	
Main Name	SMITH JOHN 2
Other Names	(0)
Date of Birth	08/12/1996
OR	
Age at Incident	16
Other DOB's used	(0)
Gender (1)	Male
Master (0)	
References	
Officer Notes	
Last Updated	23/10/2013 14:29
By	P009479 MACLEAN
Unit	ZD-PPD
Supervised	23/10/2013 14:29
By	P009479 MACLEAN
Unit	ZD-PPD
Version	2
Audit Log	
Reset All	
Print Screen	
Save	



This will clearly show the priority status assigned by the Police Decision Maker on each report. This enables systematic case prioritisation based upon professional judgment and dynamic risk assessment.

The Merlin List will show the priority assignment for example;

Merlin no	Sub Type	incident Date	Subject Name	Report	Status
13PAC1223456	PAC	25/10/2013	Smith, John 2	Form 78	For Finalisation
13PAC1223457	PAC	25/10/2013	Jones, Andrew 1	Form 78	For Finalisation
13PAC1223458	PAC	25/10/2013	Johnson, James 3	Form 78	For Finalisation
13PAC1223459	PAC	25/10/2013	James, Sally	Form 78	For Finalisation
13PAC1223460	PAC	25/10/2013	Martin, Sandra 4	Form 78	For Finalisation
13PAC1223461	PAC	25/10/2013	Dean, Gill 2	Form 78	For Finalisation

The status number must be added after the end of the forename.

Following the completion of IIP research and prior to the finalisation of the Merlin the Police decision maker will complete a post research BRAG. This will confirm the; initial level or change the status of the Merlin, based on the rationale provided by the research.

The number after the forename should be removed at this stage.

This now initiates the recording of the assignment of MASH status to each Merlin. This is recorded on the Merlin - **Incident details** screen under the; **Other References** tab; using the drop down menu - **MASH STATUS**.

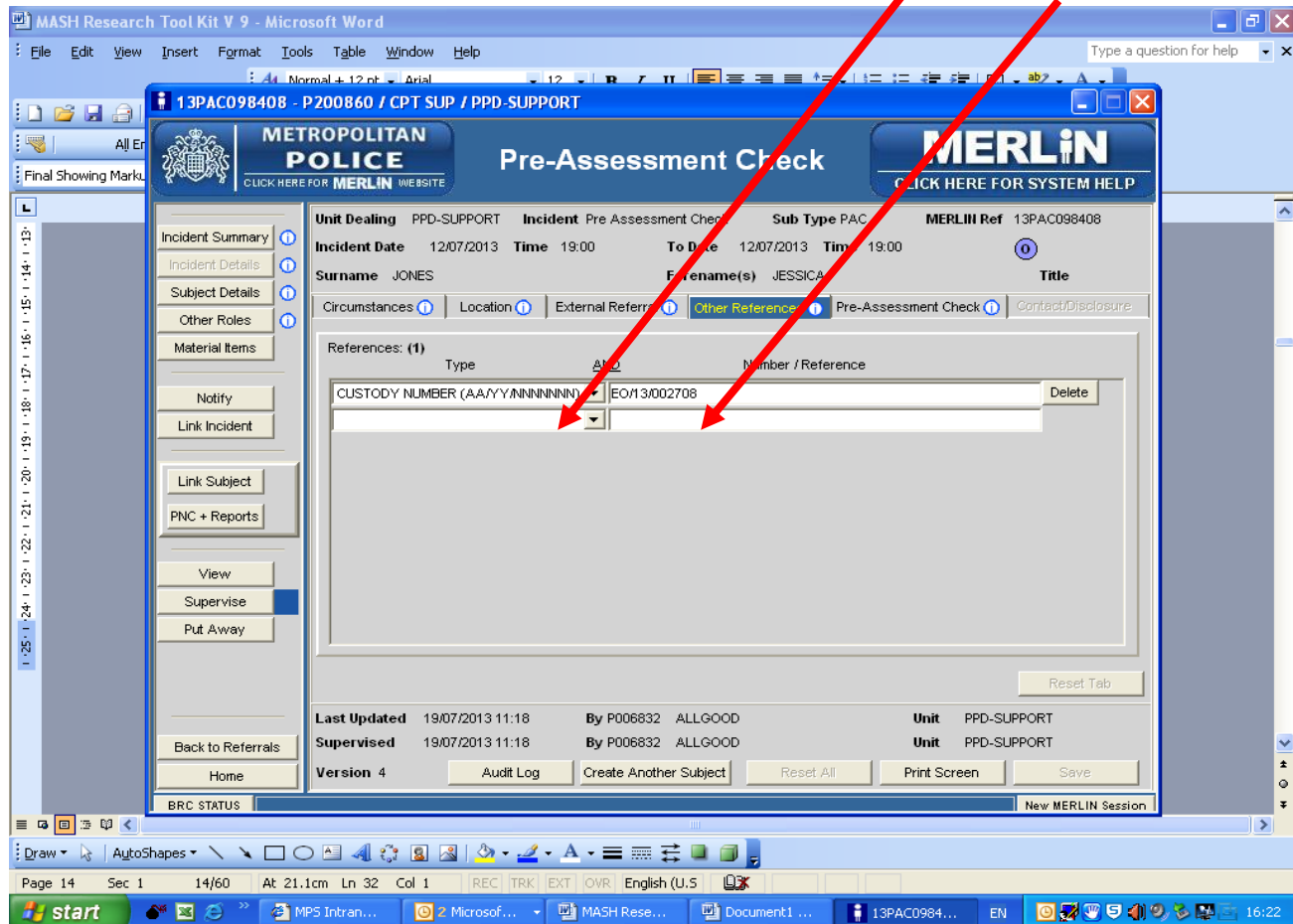
Process

For example a Merlin from Camden with an initial pre research BRAG level of AMBER = 3 and a post research BRAG level of 3.

Incident details screen, in the other reference tab, drop down menu of **MASH STATUS**.

1. The police decision maker will record the Borough code, in this example **EK**
2. The initial BRAG = **3**
3. The post research BRAG = **3 (option N*)**

Recorded as: **EK 3 3**



The screenshot shows the 'Pre-Assessment Check' interface for Incident 13PAC098408. The interface includes a sidebar with navigation options like 'Incident Summary', 'Subject Details', and 'Material Items'. The main area displays incident details: Unit Dealing (PPD-SUPPORT), Incident (Pre Assessment Check), Sub Type (PAC), and MERLIN Ref (13PAC098408). It also shows incident date (12/07/2013), time (19:00), and the subject's name (JESSICA JONES). A 'References' table is visible with one entry: 'CUSTODY NUMBER (AA\YY\NNNNNNNN) EO/13/002708'. A dropdown menu for 'MASH STATUS' is highlighted with a red arrow, and another red arrow points to the 'Delete' button next to the reference entry. The bottom of the screen shows the Windows taskbar with various open applications and the system clock at 16:22.

***Option N** Due to the constraints of Merlin system, all reports that are shared with LA for MASH will be assigned the letter N post research after the post research BRAG level. If the LA DM agrees a full MASH the result of the MASH will replace the letter N. The PDM is required to clarify the final status for each Merlin.

MASH STATUS

Should the Merlin return to Police as a MASH enquiry as a result of the Local Authority decision as a full MASH enquiry for additional research using PND and ViSOR, a third number that will reflect the final status of the MASH enquiry once all Multi Agency research has been completed and an outcome decided. In this case the Local Authority has deemed the MASH enquiry outcome as a Level 3.

STATUS	BRAG	RISK
0	Open	To Local Authority
1	Blue	Not Safeguarding
2	Green	Low to vulnerable
3	Amber	High to complex
4	Red	Acute to complex
N	Not through the MASH	

Stage 1	Stage 2	Stage 3
Initial priority options	Post IIP research options	Final MASH outcome
01234	01234	N1234

The example record will be shown finally as EK 3 3 3

This will enable police performance monitoring and auditing for every Merlin and every MASH.

- The recording of each Merlin status needs to be completed daily
- A weekly return of Merlin status is required.

MASH Process Timings

The Police Decision Maker will allocate notifications that have a safeguarding concern into the confidential area of MASH for research by all constituent agencies. The priority of the progression of each notification will be based upon the London Continuum and the appropriate BRAG designation is described below:

Level 4 Immediate - RED (Outcome - Immediate Action)

- Immediate and serious safeguarding concern requiring action
- Information package completed within 4 hours. All MASH stakeholders informed immediately of the priority of this case.

Level 3 Enhanced - AMBER (Outcome - Significant Agency Intervention)

- Significant concerns, no immediate urgent action. But Sec 47 investigation may result. MASH product within a working day.

Level 2 Standard - GREEN (Outcome - Limited Services or record only)

- Concerns about a child's well being, may be a child in need under Sec 17. However there is no information at this stage to suggest an investigation under Sec 47 would be required. MASH product within 3 working days.

A notification within the MASH may change its priority status at any time as a result of information and research that informs evaluation and the decision. This flexibility is a MASH benefit and enables;

- MASH to identify harm and risk at the earliest possible stage so that necessary protective action can be undertaken by the most appropriate agencies
- MASH to follow principles of proportionality that where concerns are unjustified or mitigated, unnecessary intervention and disruption do not take place.

These benefits are made possible by the enhanced information picture created within MASH.

Review and Consultation Stage

- i. At the conclusion of the information gathering phase the LA Decision Maker will review the product and make a decision as to the progression of that case. This will involve a decision as to whether any action is necessary and proportionate to safeguard a child.
- ii. The London Continuum Levels should be used to describe the status of the outcome decision.
- iii. The Local Authority Decision Maker is responsible for deciding the most appropriate agencies to disseminate the MASH product to. This will also include a decision in consultation with the “owning” agency as to what information can be included in the disclosure to the operational agency. This is vital for the continuing credibility and confidentiality of MASH.
- iv. Where a need for an intervention by an operational team is required prior to the completion of the full MASH process the LA Decision Maker is responsible for informing the appropriate agency so that immediate steps can be taken to safeguard the child and remove any risk that may contribute to significant harm. Whilst this is underway the confidential MASH process can continue in parallel.
- v. If the information from other agencies identifies a crime the MASH police unit must be informed and where appropriate create a CRIS report in relation to that matter. This may require a discussion with the agency owning the information as to the appropriateness and permission to use that information in such a way.
- vi. Where criminal intelligence emerges that is not a crime and is not part of a referral to a police operational unit the MASH police unit should create a CRIMINT. Before doing so consultation and permission should be sought with the “owning agency”. An explanation and discussion with that agency should take place to ensure a full understanding of the implications of the inclusion of this intelligence on the police data base including the issues of necessity and proportionality.

THE NON POLICE PROCESS (MASH INFORMATION GATHERING) VIA PARTNER AGENCIES

This is a LA led process. All non police agencies will notify concerns relating to safeguarding and promoting the welfare of children to the LA CSC.

Initial screening

- i. The CSC will screen non safeguarding notifications and contacts to the relevant team or service provider using the London Continuum.

- ii. Notifications identified as safeguarding concerns will be assessed by the CSC Decision Maker using the RAG thresholds. Cases open to CSC will be passed directly to the allocated social worker (in some cases the Decision Maker will also progress the notification through MASH in parallel).

- iii. The MASH DS will be informed of any potential crime and a discussion will take place with regards to progression. A CRIS report will be completed by the MASH police team and referred to the appropriate police unit. If it is not a crime the MASH DS will use professional discretion as to whether a CRIMINT is required and discuss issues of inclusion with the owning agency for clarification.

THE CONFIDENTIAL MASH PROCESS

This is the stage at which the LA Decision Maker has identified a safeguarding concern and decided the priority in MASH using RAG.

A case or episode is created on the LA IT system that is protected and confidential to MASH agencies and sent to each of the constituent units for intelligence research and risk assessment. Police will use Form 87M format to record and return this research and assist in the interpretation of the partner information once this has been collected.

The confidential nature of MASH allows agencies to make contact with individuals or units within their organisations that may have vital information to assist MASH in identifying harm or risk. This will also include other MASHs. Best decisions are made on the availability of the fullest information picture. This will allow the Decision Maker and the MASH professionals to consider the proportionality and necessity for any information gleaned to be used by operational units for the purposes of intervention to safeguard the child. This is evidence based decision making and the opportunity afforded by the confidentiality within MASH will permit partnerships to intervene at a much earlier time, thereby providing opportunities to reduce harm and longer term costs.

The Decision Maker is responsible for assessing the information gathered from all the agencies and deciding on the future progress of that case / episode. This includes the identification of the most appropriate agency and the dissemination of necessary and proportionate information to assist the intervention. A record should be kept of any changes within the RAG or Continuum level due to the MASH process.

The Decision Maker is required to keep a record on the confidential LA IT system that is reserved for MASH so that the rationale for their decision can be retrieved and referred to if required.

It is important to note that the confidential principles of MASH must be maintained even when the particular case/episode has been dealt with. The LA IT system will contain a record of the individual agency information that has been disclosed in order for the MASH decision to be made. This must be in a separate and secure area of the LA IT system and should not be available for any purpose other than that for which it was originally disclosed. If there is a requirement to access this record e.g. in relation to legal proceedings, the originating agencies must be approached for permission prior to access and disclosure by the LA. (This should be described in an Information Sharing Process attached to the MASH Information Sharing Agreement).

CHILD SEXUAL EXPLOITATION (CSE)

Sexual exploitation is a term that may misinform and ill describe the reality of the abuse of children.

In England each year thousands of children from as young as 11 years are **raped** and abused by people seeking to humiliate, violate and control. The impact on children's lives is often devastating.

Definition (Department of Education 2012)

The sexual exploitation of children and young people (CSE) under-18 is defined as that which:

'involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability'

CHILD SEXUAL EXPLOITATION IN GANGS AND GROUPS

The Office of the Children's Commissioner Inquiry into Child Sexual Exploitation in Gangs and Groups Interim report used this definition of child sexual exploitation in gangs and groups:

- 1) *Gang – mainly comprising men and boys aged 13 – 25 years old, who take part in many forms of criminal activity, such as knife crime or robbery, who can engage in violence against other gangs, and who have identifiable markers such as territory, a name, sometimes clothing etc. While children can be sexually exploited by a gang, this is not the reason why a gang is formed.*
- 2) *By contrast, child sexual exploitation by a group involves people who come together in person or online for the purpose of setting up, co-ordinating and/or taking part in the sexual exploitation of children in either an organised or opportunistic way.*



Early identification of CSE will reduce risks and any suspicion of CSE should be referred to CSC. By using risk factors such as those identified by the Office of the Children's Commissioner, MASH professionals will be supported in identifying individuals that may be at risk or suffering from CSE.

The identification process requires the MASH team to assess each notification in the light of a number of 'triggers' or risk factors; see Appendix C. A display of any trigger in the assessment of the child using the CRAM and the CSE risk triggers will assist in the assessment of risk towards that child and the level of intervention required.

If a child or young person is identified to be at risk of CSE, a MASH enquiry must be completed to obtain a complete intelligence picture of the child or young person. Risk and harm can escalate rapidly and where repeat notifications are received the CRAM and CSE triggers should be considered.

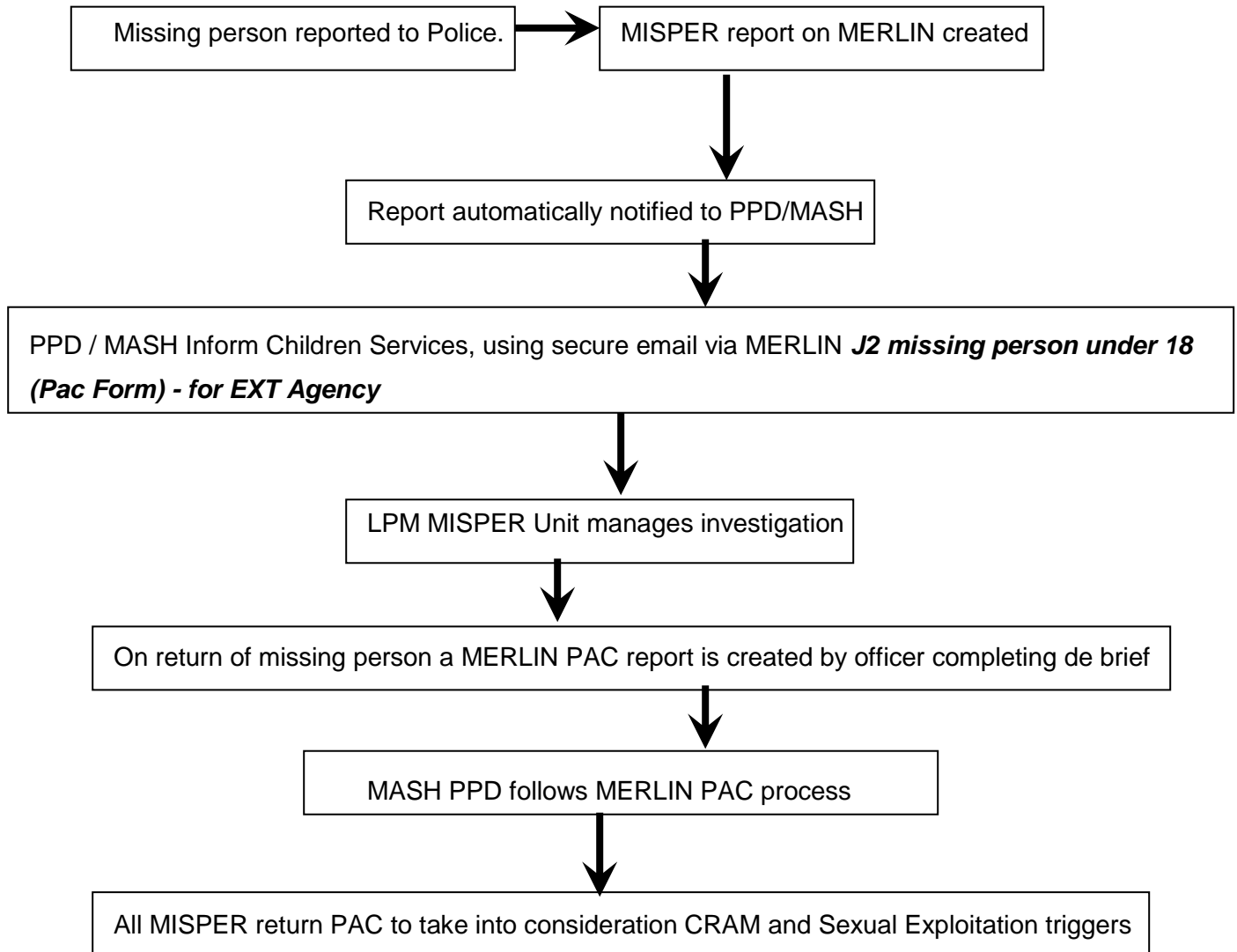
Section 47 (S.47) of The Children Act 1989 is a statutory duty for Local Authority CSC to investigate where there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm. A suspicion of CSE fits this criterion. The LA may require other Local Authorities, Education Authorities, Health Authorities and the police for assistance, and it is incumbent to assist unless, it would be unreasonable in the circumstances.

It is this legislation that creates the mandate for participation and information sharing by all agencies in a child protection enquiry. CSC must be informed of any children that are suspected to be at risk of CSE. The police will be the lead agency for the criminal aspects of the S.47 investigations. MASH will assist in signposting the most appropriate unit or agency to deal with the concern and risk i.e. if the suspects' are perpetrators from a gang, a referral should be made to police that will also include the relevant Gangs Unit.

It is natural for young people at risk of CSE to be reluctant to work with professionals, particularly if they are in a relationship with the perpetrator or if they fear the perpetrator(s). The level of coercion used to groom and abuse young people should never be underestimated. We will continue to assess and robustly address the level of risks despite reluctance of the subject.

CSE investigations are often complex and have challenges in addition to offences where intra-familial or strange abuse is a main feature. Therefore the best intelligence picture possible is necessary to inform the risk assessment and the subsequent strategy discussions so that interventions are timely and appropriate.

MISSING PERSON UNDER THE AGE of 18 years



WHY DID THE CHILD GO MISSING?

NB. When carrying out research on MISPER return reports, the PPD should take note of the DETS of the MISPER report for valuable intelligence and potential risk factors

APPENDIX A

(THIS RELATES TO THE THRESHOLD USED BY CHILDREN SOCIAL CARE)

Note: The role of police research is to identify risk. Below each of the BRAG thresholds are a number of trigger statements that may indicate a concern of risk. These need to be considered as both individual risk factors and as a group of compounding risk factors. The researcher should present an assessment of risk based upon these factors as a written product (See F87M Appendix E) to the supervisor for consideration and validation. This will provide a rationale to support our grading of the level of risk.

B.R.A.G Thresholds - London Continuum

BLUE - NOT SAFEGUARDING, NOT TO ENTER THE MASH UNLESS LOCAL

DECISION CRITERIA APPLY = LEVEL 1

-Children with no additional needs and whose developmental needs are met by universal services.

Indicators / Risk Factors

Subject Indicators

- Achieving key stages
- Good attendance at school/college/training
- No barriers to learning
- Planned progression beyond statutory school age
- Good physical health with age appropriate developmental milestones including speech and language
- Good mental health and psychological well-being
- Good quality early attachments, confident in social situations
- Knowledgeable about the effects of crime and antisocial behaviour
- Knowledgeable about sex and relationships and consistent use of contraception if sexually active
- Stable families where parents are able to meet the child's needs
- Age appropriate independent living skills

Household Indicators

- Supportive family relationships
- Child fully supported financially
- Good quality stable housing
- Good social and friendship networks exist
- Safe and secure environment
- Access to consistent and positive activities

Adult Indicators

- Parents able to provide care for child's needs
- Parents provide secure and caring parenting
- Parents provide appropriate guidance and boundaries to help the child develop appropriate values

GREEN - CAN BE TAKEN THROUGH MASH FOR FULL DETERMINATION

OF RISK = LEVEL 2

These children have low level additional needs that are likely to be short-term and that maybe known but are not being met or with additional needs – requiring multi-agency intervention.

Having a lead professional or team around the child.

Indicators / Risk factors

Subject Indicators

- Occasional truanting or non attendance
- School action or school action plus
- Identifies language and communication difficulties
- Reduced access to books, toys or educational materials
- Few or no qualifications
- NEET
- Slow in reaching developmental milestones
- Missing immunizations or checks
- Minor health problems which can be maintained in a mainstream school
- Low level mental health or emotional issues requiring intervention
- Pro offending behaviour and attitudes

- Early onset of offending behaviour or activity (10-14)
- Coming to notice of police through low level offending
- Expressing wish to become pregnant at young age
- Early onset of sexual activity (13-14)
- Sexual active (15+) with inconsistent use of contraception
- Low level substance misuse (current or historical)
- Poor self esteem
- Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion

Household Indicators

- Parents/carers have relationship difficulties which may affect the child
- Parents request advice to manage their child's behaviour
- Children affected by difficult family relationships or bullying
- Overcrowding
- Families affected by low income or unemployment
- Insufficient facilities to meet needs e.g. transport or access issues
- Family require advice regarding social exclusion e.g. hate crimes
- Associating with anti social or criminally active peers
- Limited access to contraceptive and sexual health advice, information and services

Adult Indicators

- Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent
- Inconsistent parenting, but development not significantly impaired
- Lack of response to concerns raised regarding child

AMBER- SHOULD BE TAKEN THROUGH MASH TO DETERMINE RISK =

LEVEL 3

These children may be eligible for a child in need service from children's social care and are at risk of moving to a high level of risk if they do not receive early intervention. These may include children who have been assessed as "high risk" in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional

Indicators / Risk Factors

Subject Indicators

- Short term exclusions or at risk of permanent exclusion, persistent truanting
- Statement of special educational needs
- No access to books, toys or educational materials
- Disability requiring specialist support to be maintained in mainstream setting
- Physical and emotional development raising significant concerns
- Chronic/recurring health problems
- Missed appointments - routine and non-routine
- Under 16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage
- 16+ and has had (or caused) 2 or more previous pregnancies or is a teenage parent
- Under 18 and pregnant
- Coming to notice of police on a regular basis but not progressed
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention
- Evidence of regular/frequent drug use which may be combined with other risk factors
- Evidence of escalation of substance use
- Evidence of changing attitudes and more disregard to risk
- Mental health issues requiring specialist intervention in the community
- Significant low self esteem
- Victim of crime including discrimination
- Lack of age appropriate behaviour and independent living skills, likely to impair development

Household Indicators

- History of domestic violence
- Risk of relationship breakdown with parent or carer and the child
- Young carers, privately fostered, children of prisoners, periods of LAC
- Child appears to have undifferentiated attachments
- Severe overcrowding, temporary accommodation, homeless, unemployment
- Family require support services as a result of social exclusion
- Parents socially excluded, no access to local facilities

Adult Indicators

- Physical care or supervision of child is inadequate
- Parental learning disability, parental substance misuse or mental health impacting on parent's ability to meet the needs of the child
- Parental non compliance
- Inconsistent parenting impairing emotional or behavioural development
- Parent provides inconsistent boundaries or responses

RED-OPTION TO MASH FOR ENHANCED DETERMINATION OF RISK=

LEVEL 4

Many of these notifications will initiate a S.47 Children experiencing significant harm that require statutory intervention such as child protection or legal intervention. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

Indicators / Risk Factors

Subject Indicators

- Chronic non-attendance, truanting
- Permanently excluded, frequent exclusions or no education. Provision
- No parental support for education
- High level disability which cannot be maintained in a mainstream setting
- Serious physical and emotional health problems
- Challenging behaviour resulting in serious risk to the child and others

- Failure or rejection to address serious (re)offending behaviour. Likely to be in Deter cohort of youth offending management
- Known to be part of gang or post code derived collective
- Complex mental health issues requiring specialist interventions
- In sexually exploitative relationship
- Teenage parent under 16
- Under 13 engaged in sexual activity
- Frequently go missing from home for long periods
- Distorted self image
- Young people experiencing current harm through their use of substances
- Young people with complicated substance problems requiring specific interventions and/or child protection
- Young people with complex needs whose issues are exacerbated by substance use
- Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation

Household Indicators

- Suspicion of physical, emotional, sexual abuse or neglect
- High levels of domestic violence that put the child at risk
- Parents are unable to care for the child
- Children who need to be looked after outside of their own family
- No fixed abode or homeless.
- Family unable to gain employment or extreme poverty
- Child or family needs immediate support and protection due to harassment /discrimination and No access to community resources

Adult Indicators

- Parent is unable to meet child's needs without support
- Parents unable to manage and risk of family breakdown
- Parent does not offer good role model e.g. condones antisocial behaviour

APPENDIX B

CRAM Risk Factors

CRAM risk factors are deliberately grouped into 3 areas to assist focus, adapted from the National Intelligence Model (NIM) Methodology (Victim, Offender and Location). They are Child, Perpetrator and Household.

These risk factors have been identified from academic research, serious case reviews and public inquiries. They are very comprehensive but can never be described as absolute or fully inclusive of all forms of risk. In each category the researcher needs to consider whether there are other risks present and these should be recorded and identified as such.

An explanation is provided below of the risk factors. It should be noted that this is a short guide rather than a fully comprehensive and in-depth prescriptive description of each risk factor. There will of course be additional information and research around each risk factor that can also be considered.

Circumstances relating to the Child:

Repeat missing person - child has come to notice before as missing.

Repeat victim - child has come to notice before for similar matters, i.e. concerns of abuse

Sexualised behaviour - This includes inappropriate sexualised behaviour, teenage pregnancy or accessing contraception or abortion, sexually transmitted disease or involvement in sexual exploitation through prostitution or the sex industry.

Injury caused by weapon or implement: use of an implement such as belt / slipper or unusual method of inflicting pain such as use of chilli powder in the eyes / breast ironing / or if the injury is not consistent with explanation given and location of it.

Young Age: pre-verbal children and pre-mobile children are more vulnerable to abuse, as are children who are not yet old enough to attend school or pre-school groups. Substance abuse: alcohol / drugs / accelerants etc.

Disability - Children with disabilities are more vulnerable to abuse for a number of reasons, e.g. as they may receive intimate personal care, have a higher dependency on carers, have fewer outside contacts and may be less able to complain about abuse due to communication difficulties. Where the child's disability is such that they have experienced little external social interaction there is potential that any abuse has become normalised and the child may not realise that what they have experienced is wrong. Where necessary, officers should seek advice from Children's Social Care that should have information on every disabled child in their area.

Privately fostered - This is where an arrangement is made between families without the involvement of a local authority for a child under 16 (18 if disabled) to stay with someone other than a relative for a period of 28 days or more. This can place a child in a more vulnerable position.

Home educated - A child educated at home may not come into regular contact with agencies, in particular education, and may therefore be in a vulnerable position.

Other examples include:

Spirit possession or witchcraft - A child may suffer emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. The forms which abuse can take are various and can include rubbing chilli peppers or other substances on the child's genitals or eyes; isolation; failure to provide medical care. Further details can be found in the London Child Protection Procedures.

Self harm or threats or attempts to commit suicide - Self-harm or threats or attempts to commit suicide by a child should be regarded as an indication of possible abuse both of the children involved and of siblings or other children under the same care.

Behaviour and circumstances of the Perpetrator:

Grooming by the adult - Abusers often prime and control their victims through a process known as grooming that can occur over a short period or a number of years, in order to secure the co-operation of the victim and the parent or carer, and to reduce the risk of discovery or disclosure by creating an atmosphere of normality and acceptance, and/or fear, and includes the minimising of Domestic Violence. Victims are sometimes groomed to introduce further victims to the process of grooming and abuse. Evidence of grooming may be suggested by the suspect contacting children through various channels, including youth groups, familial ties, internet chat rooms and children's interest and associated websites. A suspect may also target single parents with children, e.g. through dating websites.

History of violent or sexual offending by the adult - A child living with a parent or carer or other adult who has a history of violent or sexual offending, whether convicted or not, is at higher risk of suffering harm. There is a link between those convicted of sexual activity with, or rape of, a child and convictions for other serious sexual offences, particularly when the child was under the age of 13 at the time of the rape.

Child Abuse by the adult - This includes any history of contact with Children's Social Care and when there are children connected to the suspect who are, or have been, subject of a Child Protection Plan (formerly Child Protection register - CPR).

Domestic Violence by the adult - History of domestic violence, there is a risk of harm to children through direct abuse, and by witnessing the abuse of others.

Change of definition of Domestic Violence as 31/03/2013

*Any incident or pattern of incidents of **controlling, coercive** or threatening behaviour, violence or abuse between those **aged 16 or over** who are or have been intimate partners or family members regardless of gender or sexuality.*

This can encompass but is not limited to the following types of abuse:

Psychological, Physical, Sexual, Financial or Emotional

Misuse of illegal or prescription drugs and / or alcohol: alcohol or drugs misuse may affect the ability to care for a child and impact directly on the health of an unborn child. There is also a risk of harm to young children from accessible alcohol, drugs, or drugs paraphernalia. Some children may require particular care such as medication or tube feeding, which if wrongly provided or forgotten by someone influenced by alcohol or drugs, could be fatal.

Deceitful and manipulative parent / carer - This is a common factor where periods of sustained abuse have taken place. Police should consider the motivation of the carers within the environment of the child. Some parents have adapted behaviour and language through repeated exposure to professionals to mask their abusive behaviour. Also extreme political or religious views which expose the child to radicalisation

Abuse of animals by the adult - Research has established links between child abuse and abuse of animals. Any suspicion of animal abuse should prompt further enquiries into the welfare of children.

Failure to provide medical care for a child - Failure to provide medical care for a child when it is required can indicate willful neglect. Removing a child from medical treatment and failure to keep appointments with health care professionals may also indicate a risk. Repeat presentations at hospital or GP could be an indicator of Fabricated Illness.

Failure to take responsibility for previous abuse - A failure to accept responsibility for abuse or acknowledge that there are problems, particularly in the face of strong evidence, may heighten the risk.

Circumstances relating to the Household:

History of mental illness (any person) - Having a mental illness does not in itself indicate any heightened risk but when considered with other factors may do so. The risk posed to the child will depend on the type and severity of the mental illness.

Chaotic/Co-sleeping arrangements - This can put children at risk from sexual abuse.

Emotional stressors - Pressures such as those caused by financial, illness or high conflict separations can have an adverse effect on the victim's welfare or the carer's ability to safeguard children.

Divided family structure - Divorced parents, step-parents, new partners, and single parents can have an adverse effect on the victim's welfare or the carer's ability to safeguard children.

Person with new or revised access to the child - New partners, carers, other family members, teachers, tutors etc. can have an adverse effect on the victim's welfare or the carer's ability to safeguard children.

Deprivation or poverty in home - This has been found to be a contributory social factor to the failure to safeguard children.

Substance misuse amongst family - In situations where there is substance misuse, normal social boundaries and controls have been found to be reduced.

The above factors are given no order of priority. Each factor needs to be considered for its own significance and relevance. Multiple presence does not necessarily increase risk.

Other - Criminality and multi generational non engagement with authorities. This may include poor role models or the prevalence of anti social behaviour.

Appendix C

CSE Triggers:-Signs of risk and vulnerability

(Office of the Children's Commissioner Inquiry into Child Sexual Exploitation In Gangs and Groups Interim report)

Given the evidence on the impact of CSE, the Office of the Children's Commissioner identified the following typical vulnerabilities in children prior to abuse:

Note: Although not entirely prescriptive the presence of a number of these triggers in any case should be taken to support a presumption that CSE is present. The higher the number the more likely it is.

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, and parental criminality).
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour based violence, physical and emotional abuse and neglect).
- Recent bereavement or loss.
- Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE only).
- Attending school with young people who are sexually exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually exploited.
- Homelessness.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in hostel, bed and breakfast accommodation or a foyer.
- Low self-esteem or self-confidence.
- Young carers.

The following signs and behaviour are generally seen in children who are already being sexually exploited.

- Missing from home or care.
- Physical injuries.
- Drug or alcohol misuse.
- Offending.
- Repeat sexually-transmitted infections, pregnancy and terminations.
- Absence from school.
- Change in physical appearance.
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
- Estranged from their family.
- Receipt of gifts from unknown sources.
- Recruiting others into exploitative situations.
- Poor mental health.
- Self-harm.
- Thoughts of or attempts at suicide.

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. Professionals should immediately start a S.47 investigation to determine the risk, while taking preventative and protective action as required.

However, it is important to note that children without pre-existing vulnerabilities can still be sexually exploited. Therefore, any child showing risk indicators in the second list, but none of the vulnerabilities in the first, should also be considered as a potential victim, with appropriate assessment and action put in place as required.

APPENDIX D

Intelligence Research Aide Memoire - QUESTIONS TO THINK ABOUT

WHO?

Who has regular access to the child?

Who resides in the household?

When was the child last seen by a Social Worker or other Professional?

Are there other children / young people at the address?

Is the child known to MPS systems?

Is the child a repeat victim of abuse / neglect?

Does the child display any identified risk factors?

Who (from the MPS) has interacted with the child?

Is the child subject to an existing CPP?

Who is the principal suspect? (Relationship)

Does the suspect have a criminal history?

Are there previous abuse allegations?

Is the suspect associated with any of the identified risk factors?

WHERE?

Where does the abuse / neglect take place? (Home address, school, which room?)

Are there multiple scenes?

Does the child remain within the abusive location?

Is the family home in a locally deprived area?

Where does the child sleep?

Who with?

Have the family recently moved from another local authority?

Where does the child attend school?

Where does the child receive early years' education?

Where does the child receive additional care?

WHEN?

Over what period of time has abuse / neglect occurred?

When did the abuse / neglect commence?

When did the suspect enter the family? (step-parent / relative / carer / professional?)

Is there a pattern of abuse/neglect?

WHAT?

What is the nature of the abuse?

What is the family structure?

What are the sleeping arrangements?

What is the cultural background of the family?

What evidence is there of substance misuse?

What evidence is there of grooming / control / influence by the suspect?

What additional risk factors are present in the household?

What interaction has the child had with Children's Services?

What are the intelligence gaps?

What is your risk assessment?

What control measures are in place?

WHAT IS THE CURRENT RISK TO THE CHILD?

Why does the abuse / neglect occur?

Response to emotional stressors?

Response to a particular trigger?

Facilitated by another event?

Part of historic abuse pattern?

HOW?

How does the abuse / neglect occur?

How does the suspect control / influence the child?

Is there a weapon or implement used during the abuse?

What is the suspect's methodology?

Does the Internet play a role?

APPENDIX E 87M

Examples of MASH Research

 METROPOLITAN POLICE Working together for a safer London		1
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Local Authority	Mashum upon Thames.
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This information is sent in confidence and is restricted. It must not be passed on to a third party without the express permission of the police. It summarises police research relating to the subjects listed below. It consists only of information which is assessed as being necessary and relevant for the purposes specified on the original request.

Principal Subject:	Miley SMITH	DOB:	15/12/2009
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Date	Today's date	Time completed	
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Systems Searched	References
IIP	Trace
PNC	Trace 80/546378
PND	Trace Merseyside

5 year period or additional	
------------------------------------	--

Completed by	Emma Austin
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Relevant Address/es:	1. 16 Lillie Road Chelsea Heights SW6 1TR
	2.
	3.

Family/Household Composition:	DOB	Relationship
John SMITH	10/02/72	father
Janet ANDERSON	23/09/80	mother
Billie Jo STAMMERS	09/01/97	(biological daughter of Janet Anderson, different father see below)
Miley SMITH	15/12/09	

Additional subjects identified:	Date of Birth	Relationship
Jack STAMMERS	30/11/74	biological father of Billie Jo STAMMERS

Detailed Risk Factors (CRAM/Other)

(Relevance to the current referral and based on what is known at present indicating crime/intel reports/merlin nos if relevant). Research must be completed with the CRAM FACTORS)

Domestic Violence

- 2012 John Smith assaulted Janet Anderson (1234568/12) fracturing a rib, witnessed by Miley, he is currently on bail, with bail conditions.
- 2009-2010 there were 5 reported domestic incidents between Janet Anderson and John Smith (CRIS123456/09, 124457/09, 124457/10, 1244877/10, and 1245567/10). Witnessed by Billy Jo and Miley. Janet refused to substantiate any of the reported allegations.
- Janet Anderson was shown as a victim of DV incidents in 1999; she was assaulted by her previous partner Jack Stammers (12344788/99). Janet refused to substantiate any offences.

Drugs

- John Smith was arrested for possession of drugs (cannabis) in 01/01/2008, he was cautioned. Arrested and convicted in 01/01/2011 for supplying crack cocaine and sentenced to prison for 3 months.
- Billy Jo arrested and cautioned for Cannabis possession 01/01/2012 (01234568/12).

Mental Health

- Merlin reports in 2009 states that CYPS believed that Janet Anderson was suffering from depression and schizophrenia 09PAC123475

Other - Criminal Behaviour

- Janet Anderson was arrested several times in 2008 for theft (2314265/08, 2812345/08, 1234578/08), she was accompanied by her child Billy Jo. Community service of 50 hours.
- Billy Jo Stammers was arrested and cautioned for theft (1612457/10) stole food from Morrison's.
- Billy Jo has been reported missing twice in 2012, during the debrief she refused to state where she has been (12MIS12345, 12MIS23456).

Summary and evaluation of risk

Miley Smith subject of a Child Protection Plan in 2009-2010 under the category of Emotional Abuse. History of domestic violence between her parents John Smith and Janet Anderson. Previous DV between Janet Anderson and Jack Stammers in 1999. Also identified in the research were factors involving Mental Health, Substance Misuse, deprivation / poverty and disability.

MASH Enquiry due to school highlighting concerns about Miley's presentation (she is unkempt, hungry and withdrawn).

Control Measures and suggested actions

What is the current risk to the child or children?

Risk of further emotional abuse due to new DV between mother and father. Child being neglected, Billy Jo lacking boundaries and possible increase in criminal behaviour.

Intelligence Gaps - Who else has access to the children, does family have any other support structure that could help, who else is in the home address, is there anyone that could provide a protective influence in terms of this allegation, are there any further issues within the family re drugs and alcohol

Control Measures - referral to social services, removal of DV within the household

 METROPOLITAN POLICE Working together for a safer London		2
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Local Authority	Masham upon Thames
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This information is sent in confidence and is restricted. It must not be passed on to a third party without the express permission of the police. It summarises police research relating to the subjects listed below. It consists only of information which is assessed as being necessary and relevant for the purposes specified on the original request.

Principal Subject:	Leanne Mitchell	DOB:	27/05/2000
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Date	Today's date	Time completed	
-------------	--------------	-----------------------	--

Systems Searched	References
IIP	Trace
PNC	Trace 80/546378 (father)
PND	Trace Essex Police

5 year period or additional	
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Completed by	Jason Knight c946528
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Relevant Address/es:	1. 70 Broadwater Lane N22
	2.
	3.

Family/Household Composition:	DOB	Relationship
Steve Mitchell	24/11/1972	father
Rebecca Mitchell	27/06/1975	mother

Additional subjects identified:	Date of Birth	Relationship
Darren Barker	02/06/1972	Family friend

Detailed Risk Factors (CRAM/Other)

Domestic Violence

- 21/08/2005 Steve Mitchell was arrested and cautioned for criminal damage (Cris 345689/05). He admitted to kicking and breaking down Rebecca Mitchell's door, both were drunk and had an argument. Leanne was asleep during this. Further DV between mother and father in 1999 and 2003.

Alcohol issues

- Steve Mitchell was arrested several times in 2008-2012 for assault, assaulting a constable and drunk and disorderly (235648/12, 23163595/08, 281213/08, 1234578/08), Arrested three times in 2009 and twice in 2010 for alcohol related public order offences. In some of the

Other - Darren Barker

- Arrested and charged in 2004 by Essex Police after a friend complained that Darren had sexually assaulted his 10 year old daughter. Victim subsequently withdrew her allegation.
- Cautioned by Essex Police for gross indecency in 1997.

Summary and evaluation of risk

Mash enquiry due to concerns from school nurse and Head of Year 8 (Masham Academy), Leanne is disruptive in school and sexually explicit to other pupils.

History of a domestic incident between her parents Steve and Rebecca.

Researches have also confirmed a possible issue of alcohol misuse as Steve Mitchell had been arrested several times for alcohol related assaults and public order offences.

Research has highlighted concerns about the family friend Darren Barker. He has been arrested and charged for indecency with a child.

Control Measures and suggested actions

What is the current risk to the child or children?

Risk of further emotional abuse from DV between mother and father. Risk of sexual abuse and sexual exploitation. Darren Barker gave the same home address as Steve Mitchell when Steve and Darren were arrested for drunk and disorderly in 2012.

Intelligence Gaps - Who else has access to the child, does family have any other support structure that could help, who else is in the home address, is there anyone that could provide a protective influence in terms of these concerns, are there any further issues within the family re drugs and alcohol. How many times does Darren come into the family home, what is his involvement with the family, does he reside at 70 Broadwater Lane N22?

Control Measures - referral to social services, removal of DV within the household, removal of Darren Barker from the household, referral to Substance misuse services for Steve and CAHMS for Leanne.

	METROPOLITAN POLICE	Working together for a safer London	3
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Local Authority	Masham upon Thames
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This information is sent in confidence and is restricted. It must not be passed on to a third party without the express permission of the police. It summarises police research relating to the subjects listed below. It consists only of information which is assessed as being necessary and relevant for the purposes specified on the original request.

Principal Subject:	Sarah Murray	DOB:	06/02/2012
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Date	Today's date	Time completed	
-------------	--------------	-----------------------	--

Systems Searched	References
IIP	Trace
PNC	No trace
PND	No trace

5 year period or additional	
------------------------------------	--

Completed by	Phillip Lane c564897
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Relevant Address/es:	1. 37 Drayton Gardens MT37
	2.
	3.

Family/Household Composition:	DOB	Relationship
Roger Murray	23/12/1975	father
Linda Murray	24/11/1974	mother

Additional subjects identified:	Date of Birth	Relationship

Detailed Risk Factors (CRAM/Other)

(Relevance to the current referral and based on what is known at present indicating crime/intel reports/merlin nos if relevant). Research must be completed with the CRAM FACTORS)

Other

- In December 2011, Sarah Murray and Roger Murray witnessed a motor vehicle being broken into; she gave her occupation as a Children's home Manager.

Summary and evaluation of risk

Mash enquiry due to concerns from health visitor, subject's mother is displaying erratic behaviour and may not be able to adequately care for Sarah. Health Visitor suspects that she may be suffering from Post Natal Depression.

MPS indices have highlighted no concerns or identified any risks in terms of CRAM risk factor to her own child; however research has shown that Mrs Murray is a Children's Home manager, will this concern affect her work with vulnerable children.

Researches have shown Mr and Mrs Murray as witnesses to criminal allegation namely Vehicle Crime.

Control Measures and suggested actions

What is the current risk to the child or children?

Risk of neglect, can Mrs Murray adequately care for Sarah?

Intelligence Gaps - Who else has access to the child, does family have any other support structure that could help, who else is in the home address, is there anyone that could provide a protective influence in terms of these concerns, are there any further issues within the family re drugs and alcohol. Do we have any information of mother's mental health history? Has Sarah Murray returned to work?

Control Measures - referral to social services and monitoring of mother's mental health by health colleagues.

4 - Bad Example (How not to present research)

Martin Chapman	24/11/1972	father
Linda Chapman	23/09/80	mother
Katie Chapman	15/12/2009	

45 Cambridge Road Haringey n22

Linda Chapman

11PAC123457 katie was left in a pram outside the Marquis of Grandby public house, the mother was spoken to by police, she was drunk and smelt strongly of intoxicating liquor. Mother was arrested for being drunk in charge.

CRIS 1234578/11 Linda Chapman arrested drunk and disorderly and fighting with two female MOP.

Martin Chapman

45 PNC hits for drugs and thefts, warning markers for V, D, A, E and W

Suspect of several CRIS reports 12345678/12,231456/12 and 3114245/12

Address 49 Cambridge Road n17

Katie Chapman

Westfield Social Services requested checks as Katie was not collected from child minders 3 times this week. They are concern

Merlins 11PAC1234578, 11PAC234567, 11PAC56487.



Appendix F



TOTAL POLICING

FORM 87M

CHILD PROTECTION - MASH

LOCAL AUTHORITY:	
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THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF POLICE. IT SUMMARISES POLICE RESEARCH RELATING TO THE SUBJECTS LISTED BELOW. IT CONSISTS ONLY OF INFORMATION WHICH IS ASSESSED AS BEING NECESSARY AND RELEVANT FOR THE PURPOSES SPECIFIED ON THE ORIGINAL REQUEST.

PRINCIPAL SUBJECT:		D.O.B.:	
DATE:		TIME COMPLETED:	
DATE OF LAST MASH RESEARCH:			

SYSTEMS SEARCHED	REFERENCES
IIP	
PNC	
PND	
5 YEAR PERIOD OR ADDITIONAL:	
COMPLETED BY:	
RELEVANT ADDRESS/ES:	

FAMILY/HOUSEHOLD COMPOSITION	D.O.B.	RELATIONSHIP

ADDITIONAL SUBJECTS IDENTIFIED	DATE OF BIRTH	RELATIONSHIP

DETAILED RISK FACTORS (CRAM/OTHER)

(RELEVANCE TO THE CURRENT REFERRAL AND BASED ON WHAT IS KNOWN AT PRESENT INDICATING CRIME/INTEL REPORTS/MERLIN REF). CRAM RISKFACTORS TO BE HIGHLIGHTED.

SUMMARY AND EVALUATION OF RISK

CONTROL MEASURES AND SUGGESTED ACTIONS

STATE THE CURRENT RISK(S) TO THE CHILD OR CHILDREN?

INTELLIGENCE GAPS - WHO ELSE HAS ACCESS TO THE CHILDREN? DOES FAMILY HAVE ANY OTHER SUPPORT? WHO ELSE FREQUENTS THE HOME ADDRESS? ARE THERE ANY FURTHER ISSUES WITHIN THE FAMILY RE DRUGS AND ALCOHOL AND MENTAL HEALTH?

CONTROL MEASURES

RETENTION PERIOD: 7 YEARS
MP 254/12

Appendix G

Project Violet - Female Genital Mutilation (FGM)

(FOR FULL GUIDANCE SEE FGM **STANDARD OPERATING PROCEDURES** ON SC&O5 INTRANET SITE)

FGM is also referred to as female circumcision or 'cutting'. FGM is child abuse in the UK and considered to be a serious violation of the human rights of girls and women. There is no religious basis for FGM.

There are four types of FGM, ranging from symbolic piercing of the genitalia to the removal of external genitalia and narrowing of the vaginal opening. FGM is also known as "female circumcision / cutting" or "sunna".

Definition

The World Health Organisation definition is "All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons"

The Law

The Female Genital Mutilation Act 2003 makes it illegal to;

1. Practice FGM in the UK
2. To take girls who are British Nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country
3. To aid, abet, counsel or procure the carrying out of FGM abroad

Penalty: up to 14 years in prison or a fine.

Who is affected?

UK communities most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. Women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani

Indicators FGM is about to happen

- Family from an affected community
- Mother or siblings have had FGM
- Extended holiday, particularly to a practicing country;
- Child is going to "become a woman" or have a "special celebration";
- Child may begin to display a behavioural change

Indicators FGM has happened

- Girl may spend long periods of time away from the classroom associated with bladder or menstrual problems;
- The child requiring to be excused from physical exercise;
- Prolonged absences from school plus a noticeable behaviour change

Appendix H

Project Ocean - Supplementary Schools

SCO5 has developed Project Ocean to offer knowledge, guidance and support to supplementary schools to assist them in fulfilling their legal duty to safeguard and promote the welfare of children and young people.

Project Ocean aims to stimulate discussions in the community and progress towards establishing firm action by Madrassas and supplementary schools to safeguard the children who attend them, raise child welfare awareness, promote child protection policies and encourage good practice.

London's Safeguarding Children Boards (LSCBs) are actively promoting changes in safeguarding London's children living in minority ethnic, cultural or faith communities or groups. They are working together with local minority ethnic communities, faith groups and the frontline professionals who work with them.

What are Supplementary Schools?

Supplementary Schools offer out-of-school-hours educational opportunities for children and young people, many of whom come from minority ethnic communities. They operate daily in the evenings between 4.30pm to 7.30pm and in some cases at weekends.

They are self-financed, voluntary and independent establishments, which are managed by dedicated volunteers from the local community. They operate from community centres, youth clubs, places of worship and mainstream schools.

The setting up of a supplementary school is a huge investment by the relevant communities and is a sign of their determination to complement their children's education. However, sometimes teachers and volunteers are unable to communicate in English and are often unfamiliar with the law and safeguarding practices.

Parents have the right to expect that organisations to which they entrust their children offer a safe and secure environment.

Please visit the SC&O5 intranet site for useful contact details and guidance.

Appendix I

Project Azure

Quick Guide to Reporting & Investigating Child Abuse Linked with a Belief / Faith

(For full guidance, see SC&O5 intranet site)

Overview

Cases of abuse linked to a belief resulting in death of a child are few, but children do suffer significant, physical, emotional, sexual harm and neglect in the name of exorcism or deliverance. Children believed to be possessed and accused of witchcraft have been subjected to atrocious levels of violence. Escalation of cruelty and brutality children endure is often rapid from the point they are accused.

Definitions

Abuse linked with belief is when concerns for a child's welfare have been identified and a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features, or when practices linked with faith or belief are harmful .

The Law

There is no specific legislation in place to deal with accusations of spirit possession or witchcraft. There is sufficient legislation under existing criminal law, e.g. Offences against the Person, Children and Young Persons Act, Sexual Offences Act, Fraud Act.

Who is affected?

Those vulnerable to accusation can be of any age. Children born with physical disability, breech births, even twins may be at risk. Epilepsy, autism, learning difficulties, behavioural problems and bedwetting could indicate spirit possession or witchcraft in the mind of an abuser. Often a child will be blamed for death, illness, separation or financial difficulty or any misfortune experienced within the household. Trafficked children or those in private fostering arrangements can be vulnerable to accusations. Families and guardians sometimes make their own "diagnosis" and devise their own methods of deliverance, but often suspicions of witchcraft or spirit possession are confirmed by a faith leader, usually for a substantial fee. Exorcism or deliverance can be a violent process which involves isolating, beating, burning and starving the "accused."

Risk Indicators

Accused children may be prevented from contact with other people. They might be suddenly withdrawn from school. They may not be allowed to sleep in the same room as siblings or might have food passed to them with a long implement. They can appear neglected, withdrawn and traumatised and may not wish to participate in physical activity for fear of their injuries being noticed.

Parents or guardians might inform the child's school that s/he is a witch, is possessed or evil. The child may believe this too and speak of flying, casting spells and even eating human organs. The child or family may use words such as "kindoki", "djin", "juju" or voodoo, all of which refer to supernatural beliefs.

Appendix J

PREVENT Initiative

The UK faces a range of terrorist threats. All the terrorist groups who pose a threat to us seek to radicalise and recruit people to their cause. Prevent is a vital part of our counter-terrorism strategy to stop people becoming terrorists or supporting terrorism.

This is particularly relevant to the context of protecting vulnerable persons from exposure to extremism or adverse consequences from those who are radicalised.

The Prevent strategy seeks to:

- respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views
- provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support
- work with a wide range of sectors where there are risks of radicalisation which we need to address, including education, criminal justice, faith, charities, the internet and health

SO15 Channel identifies people who are considered to be vulnerable to violent extremism, it is not used for convicted Terrorism Act 2000 (TACT) offenders it is also not used for someone who is subject to MAPPA.

Please contact your Borough Prevent engagement officer for information or to arrange a briefing.

If you are searching a subject who is of interest to SO15 Channel, you will find a crimint, on the local crimint server, in the following format-

Subject:

**John Smith
DOB 01/01/1998
1 Any street
Any town
SW12NB**

The Channel Project is a scheme administered by ACPO National Community Tension Team. The scheme aims to intervene in the lives of people who have vulnerability to becoming violently extreme and radicalised. The subject's behaviour has previously raised concerns and brought them to the attention of the police, statutory partners and community organisations.

This project does not deal with individuals that are committing substantive offences in relation to terrorism.

The individual referred to in this report (XX/099/2013) was referred to the project. An assessment of their activity was made and that individual was assessed as being suitable for inclusion in this program and for intervention work to be conducted. This intervention has now been conducted and this person is therefore no longer subject of the Channel Project.

For further details please contact: Detective Inspector (Prevent)

Appendix K

CHILD TRAFFICKING

Child trafficking is the practice of transporting children into, out of or within the UK for the purposes of exploitation. Children are trafficked to, within and outside of the UK for various forms of exploitation. These include:

Labour exploitation (e.g. construction, restaurants etc.); domestic servitude; criminal practices (e.g. cannabis cultivation, petty street crime, illegal street trade etc.); sexual; exploitation (brothel-based, closed community, for child abuse images); application of residence; benefit fraud; illegal adoption; forced marriage.

The following principles should be adopted by all agencies in relation to identifying and responding to children (and unborn children) at risk of or having been trafficked:

- Trafficking causes significant harm to children in both the short and long term; it constitutes physical and emotional abuse to children;
- The safety and welfare of the child is paramount (i.e. the nationality or immigration status of the child is secondary and should be addressed only after the child's safety is assured);
- Trafficked children are provided with the same standard of care that is available to any other child in the UK;
- All decisions or plans for the child/ren should be based on good quality assessments and supported by easily accessible multi-agency services; and
- All agencies should work in partnership local communities, to empower individuals and groups to develop support networks and education programs.

Whenever a professional identifies that a child may have been trafficked, s/he should act promptly before the child goes missing and assess the child's levels of need / risk of harm.

Recognition

Recognition of trafficked and exploited children will normally rely on a combination of general signs of abuse and neglect, signs associated with exploitation and issues concerned with the child's immigration status.

The indicators shown on the following diagrams should not be read as a definitive list and professionals should be aware of any other unusual factors that may suggest a child might have been trafficked. They are intended as a guide, which should be included in a wider assessment of the young person's circumstances as well as part of a trafficking assessment.

Law

There are specific offences relating to Human Trafficking found within the Sexual Offences Act 2003 and the Asylum and Immigration (Treatment of Claimants) Act 2004 with penalties of up to 14 years imprisonment. Such offences may often be investigated alongside offences relating to Child Abuse.

Appendix L

Interim Guidance: - For PPD / MASH - Adults Coming to Notice Reports (ACN)

'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse' has been put together by the Association of Directors of Adult Social Services, NHS London, the MPS and SCIE.

Some local partnerships may have adapted various aspects of the procedures to meet their local arrangements. For example, some boroughs may have a slightly different approach to thresholds for Safeguarding Adults action. Local partnerships could add an appendix to this policy and procedures, outlining any variations

The policy and procedures and supporting documents, using the links below. The at a glance guide gives a brief overview of the report.

- [PROTECTING ADULTS AT RISK IN LONDON: GOOD PRACTICE RESOURCE](#)
- [REPORT 39: PROTECTING ADULTS AT RISK: LONDON MULTI-AGENCY POLICY AND PROCEDURES TO SAFEGUARD ADULTS FROM ABUSE](#)
- [AT A GLANCE 44: PROTECTING ADULTS AT RISK: LONDON MULTI-AGENCY POLICY AND PROCEDURES TO SAFEGUARD ADULTS FROM ABUSE](#)

Scope

This guidance applies to all Police Officers and Police Staff in PPD and MASH teams.

Purpose

This interim guidance provides a framework to ensure a consistent and efficient response with the key objective of safeguarding vulnerable adults. The development of Merlin-ACN supports this.

Criteria for creation of Merlin-ACN

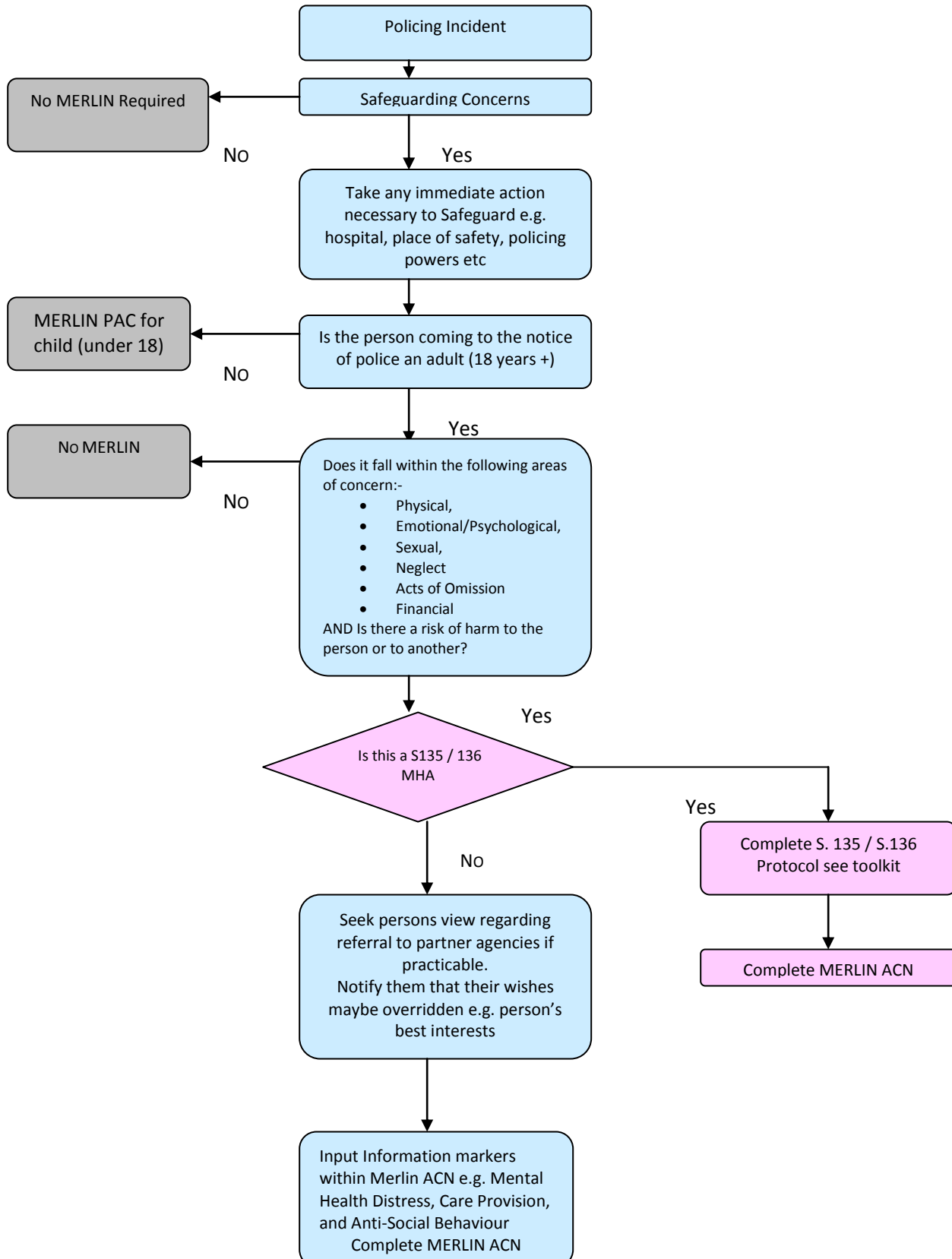
ACNs will be initiated by operational officers in circumstances when they encounter a vulnerable adult who comes to the attention of police whether as a victim, witness, suspect or member of the public AND there is a concern of vulnerability in the following aspects;

1. Physical
2. Emotional/Psychological
3. Sexual
4. Acts of Omission / Neglect
5. Financial

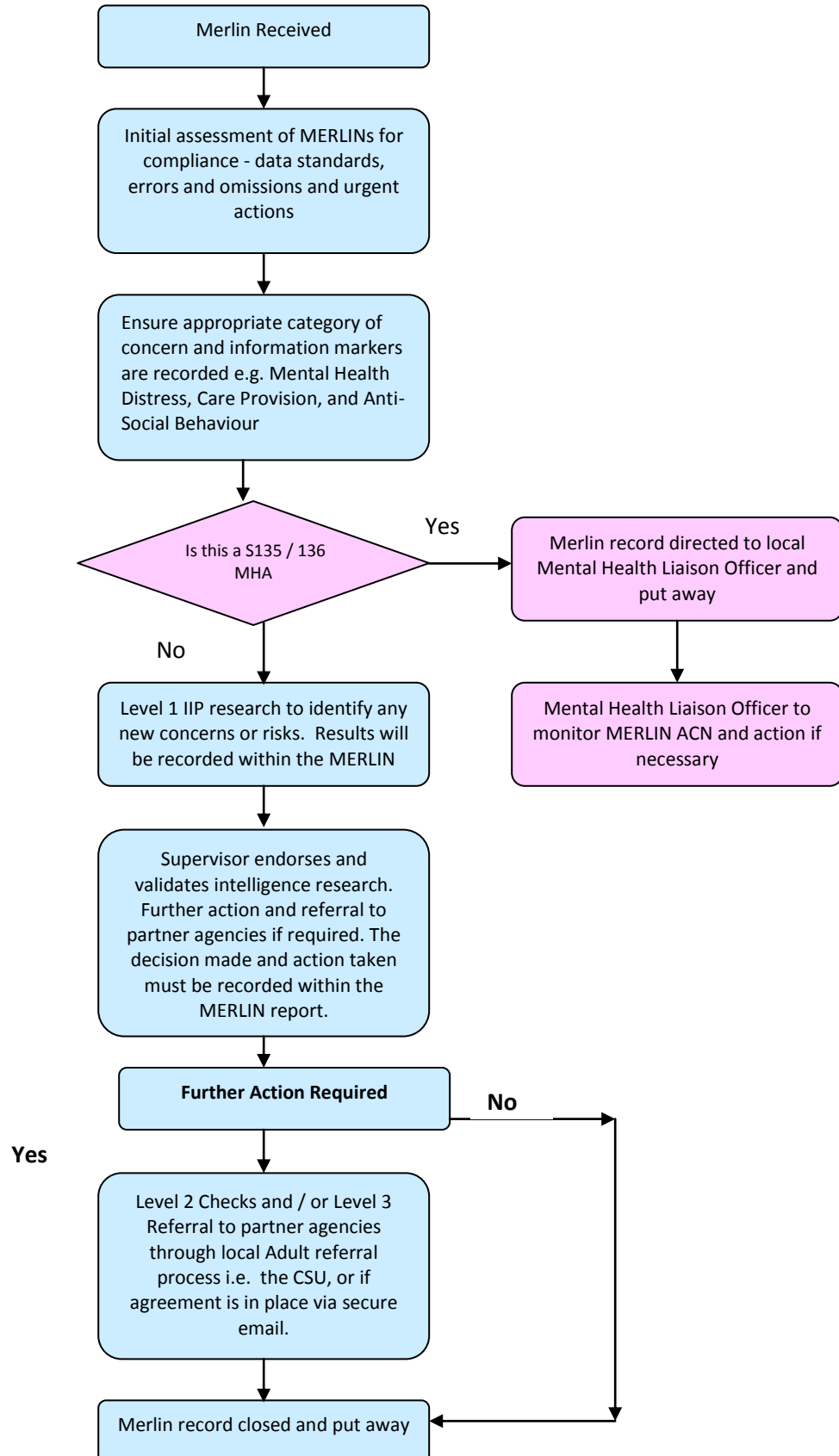
AND - There is a risk of harm to that person or another person.

The MPS will record all Section 135 and 136 Mental Health Act incidents on ACNs. (Sec 135/6 reports are record only) (Link to mental Health toolkit) Mental health Non S135/6 reports will be reviewed and researched by PPDs to identify risk and cases that require a referral for an appropriate agency intervention. IIP is the required standard of research. This must be undertaken within a maximum of 24 hours. Supervision is mandatory and completed reports must be closed by the PPD/MASH.

Initial Investigating Officers



PPD / MASH



Summary of PPD core functions with regards to Adults Coming to Notice Reports;

- Acknowledgement of PPD Sergeants allocation of report
- Ensuring MERLIN compliance with regard to ACN process.
- Notify PPD SGT of Initial Investigating officers actions omitted which should have been undertaken at the time of recording.
- Record on Merlin ACN IIP research
- Gathering additional information to support the decision making process
- Sharing of information internally within the MPS where appropriate.
- Ensuring safeguarding referral has been made by the borough utilising existing safeguarding procedures
- The sharing of appropriate information with partner agencies via a secure email link (when established).
- Quality assuring of all Merlin ACN reports.
- Gathering additional information to support the decision making process
- Updating MERLIN reports
- Checking CRIS, NSPIS and CAD for MERLIN compliance
- Providing an intelligence link for Public Protection group to borough tasking

MERLIN ACN reports

It is recognized that current procedures for the management of safeguarding adult referrals varies according to local arrangements and their transition into the MASH process.

The interim position requires that any reports that identify the need for a safeguarding referral must be done using existing safeguarding adult referral processes and NOT via a secure email link on Merlin to Social Services (unless agreement has been authorised via TP CBS)

The local PPD/MASH team will complete initial risk assessment of all MERLIN ACN reports created for vulnerable adults, who live within their borough or who come to the attention of the borough.

Whilst not subject to the Red, Amber and Green process completed by MASH staff for reports involving children, the administration of Adult Coming To Notice reports MUST be in response to the level of risk identified within the report itself and not as a supplementary activity to the full MASH process completed for child PACs

Those reports where the address of the adult or the location is not known will be dealt with by TPHQ - TP CBS Safeguarding Team 78 4408 following notification by the Change Request Centre.

Interim agreement is currently being sought regarding referrals to other forces to utilise agreed points of contacts for referrals for children. For advice please contact TPHQ- TP CBS - safeguarding team 78 4408 or the Request for Change Centre.

The PPD Sergeant/ secondary supervisor is responsible for;

1. Initial assessment of the Merlin report to determine prioritisation in the day's business based upon initial view of risk
2. Identification of Section 135/136 cases for completion and closure
3. Assignment of other ACN reports for research by PPD staff
4. With the Investigating officer identification of non compliance and incomplete reports that require referral back to originating officer and supervisor
5. Validating the quality of the IIP research by PPD/MASH(minimum research standards)
6. Decision (recorded on the ACN) as to necessity for a referral to any other agency or partner once research has been completed.
7. Ensuring any referrals are progressed in accordance with current local partnership arrangements and information sharing protocols
8. Timely completion of all reports
9. Escalation of issues of high risk via appropriate and local tasking arrangements

Administration

There are 3 Levels to the Adult ACN Action plan

- Level 1 (BLUE) No further dissemination at this time including S135 and 136 MHA
- Level 2 (GREEN / AMBER) Further checks necessary. Assess further risks - 3 Days / 24hours
- Level 3 (RED) Safeguarding Incident identified and Referral - 4 Hours

Level 1 - Remain on Merlin no further dissemination at this time

On occasions a report will be completed where the member of staff reporting has identified a concern, but the incident recorded is a low concern that does not meet the MERLIN ACN threshold (risk to self or others) or has been resolved by actions taken at the time. In these instances research should be completed against all named subjects on MERLIN to assess if other previous incidents are known about the adult and any child/children on the report. Unless other information comes to light the MERLIN ACN does not need to be referred to another agency or need further research. E.g. Section 136 Mental Health Act

Where a decision is made not to notify another unit, e.g. CSU or make a safeguarding referral to a partner agency. The supervisor must ensure that:

- **The MERLIN ACN is completed**
- **Action taken has been recorded**
- **Where an alert or referral is not subject to any further police or multi-agency action the underpinning decision making rationale must be recorded on the MERLIN ACN.**
- **The report will be put away.**

Level 2 - Further checks necessary. Assess further risk factors.

Further research should be made to assist the decision making process requiring action to be taken where a MERLIN ACN has been recorded that;

- **Involves an adult at risk to themselves or another**
- **Has not been identified as safeguarding incidents but there are areas of concern about the well-being or safety of the adult.**

All named subjects, other roles and addresses will be searched and cross referenced against the Integrated Intelligence Platform (IIP) to establish if an adult has been subject of a previous report concerning their safety or welfare or if any other named persons have been involved in instances impacting on the welfare or safety of the adult or any Child named on the report.

In addition to IIP research, further research will be made on all named subjects using;

- **PNC**
- **Consider Records Management Branch (General Registry) if appropriate for any other information held on file. Do not call the file; make a note of the number and what it refers to on the MERLIN ACN.**

Although the instructions above set out the minimum standard of research expected by a PPD reviewing a MERLIN ACN, this does not prevent a supervisor ensuring additional research are made to inform the decision making process.

All results from research must be recorded onto the MERLIN ACN report on the adult research page.

Within Level 2;

- **All Domestic Violence ACN Reports WILL require research on named vulnerable persons other than the victim and suspect (completed by CSU) regardless whether crime or Non Crime.**
- **The PPD are responsible for ensuring that all MERLIN ACN reports relating to Mental health are sent through to the Mental health Liaison officer (MHLO)**
- **Where there is an allegation of crime, research will be completed for the adult who is subject of the report and concerns identified.**

Level 3 Safeguarding Incident identified and Referral

Information should only be shared with a partner agency when police have taken all immediate necessary steps to safeguard the person concerned and:

- **other agencies have been made aware so they can take action, or**
- **where another agency needs to be made aware even though police action is still on going, or**
- **Where a joint investigation is necessary although at this time PPDs should not be involved in any joint investigation.**

NB.

In cases of Sexual Abuse No Safeguarding referral will be made without prior consultation with the officer in charge of the investigation.

No Safeguarding referrals will be made without due regard to; the individual adults wishes, their mental capacity and the justification for the appropriate sharing of information to partner agencies.

Adult referrals should always follow the locally agreed protocols. Referrals outside these agreements should not be made by MPS personnel, as this may introduce communications gaps and necessary activity may be delayed.

Closure of report

The Supervisor will ensure that all ACN reports are fully researched and assessed before completion.

The PPD / MASH Supervisor will complete a supervision entry, close the report and put the report away in a timely manner.

Appendix M
London MASH Project
RAG (Red, Amber, Green) Ratings for
INCIDENTS AND REFERRALS

To be used for an initial assessment of the risk posed to the child or young person *based upon the information provided.*

Levels of Need	Level 1 Children with no additional needs (Not Safeguarding)	Level 2 Low risk to vulnerable	Level 3 Complex	Level 4 Acute
Who:	Children whose developmental needs are met by universal services.	Children with low level additional needs that are likely to be short-term but are not being met Child's needs are not clear, not known or not being met	Complex needs likely to require longer term intervention from targeted, statutory and/or specialist services. High level of unmet needs may require targeted integrated response, including specialist or statutory services. More complex level 3 may meet threshold for Children's Social Care assessment or intervention.	Acute needs requiring statutory intensive support, including Youth Offending Service and Children's Social Care. This includes meeting the threshold for child protection which will require Children's Social Care intervention.
Features: Children and young people:	Child achieving expected outcomes No CAF assessment required	From households where parents/carers are under stress, possibly impacting their parenting capacity Whose health & development may adversely be affected without multi-agency intervention Family CAF assessment required; lead practitioner allocated, TAF process initiated	Who are unlikely to enjoy a reasonable standard of development or health and are at risk of negative outcomes without the provision of co-ordinated targeted services. At risk of offending Missing from education Family CAF assessment required; lead practitioner allocated, TAF process initiated and/or step up to Children's Social Care as required	Who have suffered or are at risk of suffering significant harm. Where there are serious concerns about his/her health and development or deemed to be suffering neglect and/or abuse.
Possible Indicators: Children and young people	<ul style="list-style-type: none"> ☐ achieving key stages ☐ good physical health with age appropriate developmental milestones including speech and language ☐ good quality early attachments, 	<ul style="list-style-type: none"> ☐ slow in reaching developmental milestones ☐ families affected by low income or unemployment ☐ minor health problems which can be maintained in a mainstream school <ul style="list-style-type: none"> ☐ occasional 	<ul style="list-style-type: none"> ☐ short term exclusions or at risk of permanent exclusion, persistent truancy ☐ physical and emotional development raising significant concerns ☐ chronic/recurring health problems <ul style="list-style-type: none"> ☐ evidence of 	<ul style="list-style-type: none"> ☐ chronic non-attendance, truancy ☐ no parental support for education ☐ high level disability which cannot be maintained in a mainstream setting <ul style="list-style-type: none"> ☐ serious physical

NOTES: